2007–2008

Saskatchewan

Provincial Budget

Performance Plan

KidsFirst Strategy

Ministers' Message

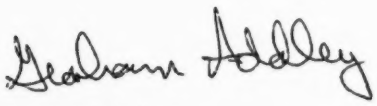
Learning begins well before a child enters the classroom for the first time. Children's early years are a time for growth, wonder and discovery. They also are a time when the building blocks for physical well-being, school readiness and social belonging are established. Our children hold the promise for the continuing social and economic growth of our province, making Saskatchewan the best place for young people to live, work and build strong futures.

In addition to direct financial investment, the Province has been working to enhance how services reach children and their families, particularly the most vulnerable families in our communities. We are ensuring that today's Saskatchewan families benefit from our strong economy. The *KidsFirst* Program brings together resources and knowledge from a variety of sectors. These sectors include the federal government, the provincial government, local agencies, and community-based organizations. Co-ordination with other agencies and initiatives brings together resources and knowledge to provide an integrated, comprehensive approach to assist vulnerable families to nurture their children.

We are committed to working with communities to develop made in Saskatchewan solutions that promote positive development for young children. This commitment extends to reducing negative factors for vulnerable families with young children. The factors we are working to reduce include poverty, poor education outcomes, involvement in the justice system and family violence. We have accomplished much and our vision remains clear: children will have the best possible chance to get a healthy start in life. All children should have the best possible early learning experiences, and families should have support and assistance in their communities.

We are committed to achieving the actions included in this Plan. We will report back to the people of Saskatchewan on the progress we have made following year-end.

Deb Higgins
Minister of Learning



Graham Addley
Minister of Healthy Living Services

About the *KidsFirst* Strategy

Saskatchewan's *KidsFirst* Program, first announced by the Government in April 2001, is a key interdepartmental initiative designed to support vulnerable families in developing the capacity to nurture their children. The program involves a comprehensive, research-based and strategic array of prevention and early intervention initiatives that focus on providing services for children prenatal to age five, and their families, who are most vulnerable due to their social and economic circumstances. Emphasis is also placed on the prevention of Fetal Alcohol Spectrum Disorder (FASD). This approach is founded on the knowledge that our overall health, well-being and coping skills as adolescents and adults are strongly influenced by the quality of care we receive in our early years.

On a tailored case-by-case basis, *KidsFirst* services support the healthy growth and development of our most vulnerable children by closing the gaps in the service system by addressing the circumstances that prevent these children from being able to function in mainstream society. *KidsFirst* provides intensive supports to families in nine communities across the province where the need is greatest – that is, where the greatest concentration of vulnerable families exists. The nine targeted communities that receive *KidsFirst* funding are Meadow Lake, Moose Jaw, Nipawin, the North, North Battleford, Prince Albert, Regina, Saskatoon, and Yorkton. The program is managed through partnership agreements with Saskatchewan Health, Saskatchewan Learning and the local agency partners. These partners include the Prairie North, Five Hills, Kelsey Trail, Regina Qu'Appelle, Saskatoon and Sunrise health regions. Northern Lights and Saskatchewan Rivers school divisions participate as well.

The provincial government sets policy and program direction, allocates funding, approves community plans, and tracks and reports on the expenditures and progress of the program. The local accountable partner, in collaboration with the local *KidsFirst* Management Committee, is responsible for the continued development and implementation of the *KidsFirst* Program at the local level, within the overall framework provided by the Province. Local communities are accountable to the provincial government and report regularly on the progress of and expenditures for community initiatives.

Within the provincial government, two departments contribute resources to the *KidsFirst* Strategy. These are the Departments of Learning and Health. Additionally, the Department of Community Resources as well as the Department of First Nations and Métis Relations provide strategic leadership and advice.

KidsFirst Program components delivered at each site include:

- Prenatal casefinding – works with pregnant women to ensure they are receiving nutritional supplements and appropriate medical care
- In-hospital questionnaire – families with newborns participate to allow service providers to maximize benefits to families
- In-depth assessment – families participate to allow service providers to focus efforts for maximum benefit
- Home visiting – supports *KidsFirst* families to enhance the development of their children
- Early learning opportunities – children participate to enhance learning
- Access to child care – enables families to participate in skills training and the workforce
- Dedicated mental health and addictions services – meets families' needs
- Community-based supports (literacy, parenting, education, skill development, social support, food security, nutrition)

Other communities in Saskatchewan benefit from improved integration of existing services. Early childhood community developers work with community stakeholders and partners to develop an inventory of currently available services. These developers assist the community in realignment of current services to address the needs of children, from prenatal to age five, and their families. Partners include the Southeast Cornerstone, Good Spirit, Lloydminster, and Chinook school divisions. Health regions include Kelsey Trail, Five Hills, Prince Albert Parkland, Regina Qu'Appelle, Saskatoon, and Heartland.

Further information regarding the Province's Early Childhood Development Strategy and the *KidsFirst* Program can be obtained at: www.sasklearning.gov.sk.ca/branches/elcc/kids_first.shtml.

Plan at a Glance

The 2007-08 *KidsFirst* Strategy is the fourth Performance Plan for the *KidsFirst* Program. While this is a multi-year plan, it will continue to evolve over the next several years in response to emerging challenges and opportunities within communities, the overall effectiveness of the *KidsFirst* Program, as well as the feedback we receive from our partners in communities and from participating families. Work also continues to define a set of measures to help gauge progress to fulfilling the objectives of the program. The provincial government reports back to the public in the Annual Early Childhood Development Progress Report.

Stakeholder consultation is ongoing. For example, in 2006-07, *KidsFirst* communities, through the program managers and management committees, provided input into the ongoing development of the Performance Plan. Collaboration and consultation with the community partners is an essential component of the philosophy of the *KidsFirst* Program. During 2006-07, an evaluation to determine whether the *KidsFirst* Program has been effective in improving selected health and development outcomes was initiated in collaboration with the Saskatchewan Population Health Evaluation and Research Unit of the Universities of Saskatchewan and Regina. This evaluation is funded through a research grant from the Canadian Population Health Institute. The evaluation process will continue throughout 2007-08 and into the next several years.

KIDSFIRST VISION

Children living in very vulnerable circumstances enjoy a good start in life and are nurtured and supported by caring families and communities. In targeted high-needs communities, supports and services are provided through partnerships between families, communities, service organizations and governments.

GOAL 1

Children in very vulnerable situations are born and remain healthy

***OBJECTIVE 1** – Pregnant women in the program access adequate prenatal care*

Performance Measures

- Percentage of pregnant women enrolled in the *KidsFirst* Program who increase the number of prenatal education components they access
- Percentage of pregnant women enrolled in the *KidsFirst* Program who increase the number of prenatal health care components they access
- Percentage of pregnant women enrolled in the *KidsFirst* Program who increase access to prenatal supplements

OBJECTIVE 2 – *Primary caregivers address their mental health and addiction issues*

Performance Measure

- Percentage of families within the *KidsFirst* Program who participate in mental health and addiction services

OBJECTIVE 3 – *Children maintain good physical health status or improved health status over time*

Performance Measure

- Percentage of families current with recommended immunization check-up schedule for their infant after admission into the *KidsFirst* Program

GOAL 2

Children living in very vulnerable circumstances are supported and nurtured by healthy, well functioning families

OBJECTIVE 1 – *Social support networks, housing, food security, education, employment and income for families will improve over time*

Performance Measures

- Percentage of *KidsFirst* families whose level of social support improves over time
- Families with adequate food security in the *KidsFirst* Program
- Increased education, skills training and literacy
- Increased employment status

OBJECTIVE 2 – *Family interactions improve over time*

Performance Measures

- Percentage of *KidsFirst* families with realistic expectations of age-appropriate behaviour when exhibited by the child
- Percentage of *KidsFirst* families who exhibit and express positive acceptance of the child
- Percentage of *KidsFirst* families who have no impediments to be motivated and responsible for meeting the needs of the child
- Percentage of *KidsFirst* families in which the adult caregivers provide appropriate amounts of emotional nurturance and support to the child and family members

OBJECTIVE 3 – *Families develop and maintain a safe and secure home environment*

Performance Measures

- Percentage of *KidsFirst* families who have taken action to improve the safety of the living conditions of their home
- Percentage of *KidsFirst* families who have taken action to ensure they are living in suitable housing
- Percentage of *KidsFirst* families living in stable housing for the foreseeable future

GOAL 3

Children living in very vulnerable situations are supported to maximize their ability to learn, thrive and problem solve within their inherent capacity

OBJECTIVE 1 – *Support and nurture children's ability to learn*

Performance Measures

- Comparative rate of child development using the Ages and Stages Questionnaire (ASQ)
- Comparative rate of child development using the Ages and Stages Questionnaire: Social/Emotional (ASQ-SE)
- Percentage of families using the Growing Great Kids (GGK) Curriculum

GOAL 4

Children living in very vulnerable situations are appropriately served by the KidsFirst program and supports

OBJECTIVE 1 – *Establish and maintain shared accountability mechanisms for processes and outcomes*

Performance Measure

- Continue to report and monitor publicly

OBJECTIVE 2 – *Create and maintain a service system for early childhood development that uses a community development approach, is built on existing services, and is integrated, comprehensive, innovative, flexible and inclusive*

Performance Measure

- The performance measurement is under development

OBJECTIVE 3 – *Identify appropriate families in a timely manner and retain them in the program*

Performance Measures

- The rate of in-hospital questionnaire completion per hospital live births in Saskatchewan
- The percentage of families that achieve an adequate level of self-sufficiency, resiliency or stability in order to leave the program

OBJECTIVE 4 – *Families are satisfied with KidsFirst services*

Performance Measure

- The level of parental satisfaction with *KidsFirst* services

2007-08 Financial Overview

The *KidsFirst* Program is the major component of the Province's response to the federal/provincial/territorial Early Childhood Development initiative announced in 2000. In addition to the *KidsFirst* Program, the Province's response includes support for licensed child care, pre-kindergarten and infant mortality programs. Funding for *KidsFirst* is allocated through the two participating departments, as shown below.

2007-08 APPROPRIATION	*(in thousands of dollars)*	
Department of Health	$	9,153
– Funding is provided for birth screening, assessment, and the home visiting program, as well as dedicated mental health, alcohol and drug services		
Department of Learning		5,312
– Funding is provided for early learning programs to enhance social development, school readiness, and the ability to learn		
– Funding is provided for enriched child care opportunities and early intervention programs		
– Funding is provided for operations of the Early Childhood Development Unit, information system support, research and training		
Total Appropriation	$	14,465

Approximately $13.6 million (94 per cent of the 2007-08 budget) is transferred to the accountable partners (Regional Health Authorities and school divisions) to deliver the *KidsFirst* Program in targeted communities. This also includes funding of $680,000 provided to the accountable partners outside of the targeted communities for co-ordination of existing services. Funding of $333,000 is provided within the Department of Learning to support the information system and ongoing research, evaluation and training activities. The remaining $531,000 (3.7 per cent of the budget) is for the operation of the Early Childhood Development Unit (6.0 FTEs), which is responsible for overseeing the operation of the *KidsFirst* Program and other early childhood development initiatives on behalf of the provincial government.

Trends and Issues

BENEFITS OF PREVENTION AND EARLY INTERVENTION

Significant research has been conducted into the importance of prevention and intervention in the earliest years of life. Studies that look at the benefits of early childhood intervention programs provide convincing evidence that enriched early environments for young children, particularly those in families facing socioeconomic challenges, provide significant long term benefit to children's positive social capacity throughout their lives.

Compared to a control group, children who were enrolled in the High/Scope Perry Program had better school performance, fewer grade repetitions, greater high school completion rate, greater employment, decreased reliance on social assistance and less frequent interaction with the criminal justice system (Schweinhart, Lawrence J. (2006). The High/Scope Perry Preschool Study Through Age 40: Summary, Conclusions, and Frequently Asked Questions. Ypsilanti, MI: High/Scope Educational Research Foundation. www.highscope.org). This program provided high quality preschool experiences for vulnerable three and four year olds, a maximum staff to child ratio of one to eight, as well as a home visiting component for parent support.

These results are impressive since they highlight the possibilities of the early years and the value of high quality, supportive early environments. The intervention affected multiple vulnerability factors and was carried out both with a high-quality educational approach and a home visitation component that engages parents. Canadian research is also contributing to our knowledge about the importance of early interventions, however, Canadian evaluations of multiple domain early intervention programs are limited.

Ultimately, the effects of negative early childhood experiences can be cumulative and become evident in problems with cognitive, emotional, physical and social development. These problems are not as visible in the child's early years, but may require intervention at a later time. Intervening early is the most effective means of addressing children's developmental needs and results in the most significant benefit in the long-term for children (Norrie McCain, M. & Mustard, J. Fraser (1999). *Reversing the Real Brain Drain, Early Years Study*).

There are a number of social and/or economic circumstances that are detrimental to a child's development and well-being. Children from families living in very vulnerable circumstances are at significantly higher risk for negative childhood outcomes. "The relationship between children's outcomes and family income is so firmly entrenched in our understanding of human development that the term 'children at risk' has almost become synonymous with 'children living in poverty.'" (J. Douglas Willms, ed., Vulnerable Children, 2002, University of Alberta Press, page 8). The following table outlines the Low Income Cut Off Rates (LICOs) for Saskatchewan and Canada from 1998 to 2003.

LOW INCOME RATES (PERCENTAGE)
FAMILIES WITH CHILDREN UNDER SIX YEARS OF AGE
BELOW AFTER TAX LICO (1992 BASE)

	Saskatchewan	Canada
1998	11.2	15.0
1999*	14.2	16.2
2000*	13.7	15.2
2001*	11.8	14.3
2002*	12.2	13.4
2003	16.6	12.7

* *Three year moving average*

Source: Survey of Labour and Income Dynamics (SLID) – Statistics Canada, Reference Years 1998, 1999, 2000, 2001, 2002, and 2003.
Exclusions: Children Living in the Territories.

Children in low-income families are more likely to:

- live in substandard housing, problem neighbourhoods and poorly functioning families;
- demonstrate high levels of aggression;
- have health problems and delayed development; and
- not participate in cultural and recreational activity.

Low-income families are characteristically:

- young (24 years or under);
- have a female head of household;
- not married;
- unemployed or work less than 40 hours per week;
- poorly educated;
- consisting of mothers with one or more children;
- socially isolated from community supports;
- suffering from addictions; and
- prone to violence within their families.

SOCIAL INCLUSION AND BUILDING STRONGER COMMUNITIES

The Organisation for Economic Co-operation and Development's Canada Country Note 2003, (Organisation for Economic Co-operation and Development. Directorate for Education. *Early Childhood Education and Care Policy Canada Country Note* (2003). www.oecd.org) provides recommendations to address the problem of vulnerable children across the broad population. The document encourages Canada to focus services in areas with concentrated pockets of vulnerability and surround targeted services with larger systems of supports that are available more broadly to families. They encourage Canada to start down this road by providing early education opportunities to all children one to six years old. In areas where needs are greater, programming for children should be more intensive, with consideration for addressing needs like health, nutrition, transportation and developmental services like speech language and occupational therapy.

As part of these broad circles of support, developed to increase early education opportunities for zero to six-year-olds, the Organisation for Economic Co-operation and Development recommends Canada give time and attention to approaches that meet the cultural needs of Aboriginal children, inclusion of children with cognitive and physical disabilities and the creation of strong, integrated communities that address the cycle of poverty. In 2001, the average income of Aboriginal people in Saskatchewan was $15,961 compared to $26,914 for the average non-Aboriginal person (Statistics Canada 2001 Census).

Saskatchewan's First Nations and Métis population aged zero to six continues to grow. It is estimated that by 2015, 50 per cent of children entering kindergarten in Saskatchewan will be of First Nations or Métis ancestry. In many communities in Saskatchewan, this is already the case.

Transitioning from reserve to urban communities remains a challenge for Aboriginal families and early childhood development service providers. At the same time, communities are working together to address service gaps and challenges for First Nations and Métis families transitioning between federally funded and provincially funded early childhood development programs and services. These jurisdictional issues also impact Aboriginal access to social programs outside of services for young children.

In addition to strategies that support skills and educational attainment, strategies to ameliorate the housing, nutritional and transportation needs of this economically disadvantaged segment of the population will support healthy child development and long-term success of the province.

Changes from 2006-07 Performance Plan

The goals and objectives included in the *KidsFirst* Strategy 2007-08 Performance Plan remain largely unchanged from those published last year. There have been some minor changes that clarify the intent of the goals and objectives, but do not change the strategic intent of the plan.

The following key action was in the 2006-07 Plan but is not included in the 2007-08 Plan:

- Number of program sites compliant with *The Freedom of Information and Protection of Privacy Act* and *The Health Information Protection Act* because shared accountability goes beyond complying with these two Acts.

The following measures are added to the Plan for 2007-08:

- Monitor compliance of partnership agreements. The agreements stipulate both *The Freedom of Information and Protection of Privacy Act* and *The Health Information Protection Act* must be adhered to along with other requirements that are in the public's interest must be followed.
- Continue to report publicly; thereby, ensuring transparency in the establishment and maintenance of shared accountability mechanisms for processes and outcomes.

Other changes to the 2007-08 Plan include:

- Performance measures which have established baselines will be compared against ongoing assessment data collected at various intervals with each active family in the *KidsFirst* Program.

In addition, trendline information has been added to the performance measures where data exists to support it. The trend information is intended to provide additional context and historical information for the reader.

Goals, Objectives, Actions and Measures

This section provides the detailed 2007-08 Performance Plan for the *KidsFirst* Strategy. Under each goal below, a number of objectives have been established that support progress towards the broader vision statement. For each objective, a set of key actions has been identified that will be completed in 2007-08. The 2007-08 Strategy builds on the actions undertaken within the 2006-07 Strategy. These key actions have been identified as the means to achieving progress on the objectives.

The *KidsFirst* Program is now fully operational and has reached capacity within current resources. A set of performance measures have been developed in consultation with targeted *KidsFirst* communities to gauge progress towards meeting each objective.

The number of families participating in the *KidsFirst* program is the key cost driver for the *KidsFirst* Strategy. Accountable partners are provided funding each year based on the total Early Childhood Development budget allocation. The capacity of the program to provide services to the client families is dependent on the level of funding provided. All program sites are currently operating at capacity. The 2007-08 funding level will sustain this level of capacity.

The baseline represents information from families upon admission to the *KidsFirst* Program from 2001 through 2006. This information demonstrates that the demographics of families entering the program are consistent and begin the program with similar circumstances in terms of health, well-being, family functioning, parenting, social supports, safety, economic outcomes and access to food. It is anticipated that future performance plans will include updates on family demographics and strengths since their enrolment in the program.

GOAL 1

Children in very vulnerable situations are born and remain healthy

***OBJECTIVE 1** – Pregnant women in the program access adequate prenatal care*

For children to be born healthy, their mothers must also be healthy. Pregnant women vulnerable to alcohol and/or drug use during pregnancy require more intensive supports to assist them in a healthy pregnancy. This group of women tends to be referred to prevention services after they are already pregnant. As a result, interventions focus on providing adequate nutrition and prenatal care to reduce the effects of drugs and alcohol on the fetus, as well as reduction in the use of harmful substances. *KidsFirst* home visitors assist pregnant women in stabilizing their circumstances by helping to find safe housing and access to nutritious food. Women are supported to address mental health and addiction issues so that subsequent pregnancies are alcohol and drug free.

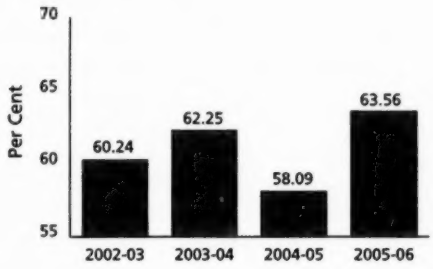
Key Actions for 2007-08

- Ensure pregnant women in the program have access to prenatal supplements.
- Ensure pregnant women and their families have access to prenatal care and educa on programs.

What are we measuring?

Percentage of pregnant women enrolled in the *KidsFirst* Program that increase the number of prenatal education components they access

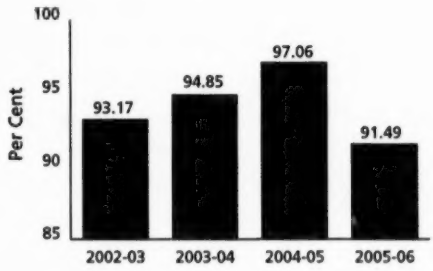
Progress to date



What are we measuring?

Percentage of pregnant women enrolled in the *KidsFirst* Program that increase the number of prenatal health care components they access

Progress to date



What are we measuring?

Percentage of pregnant women enrolled in the *KidsFirst* Program that increase access to prenatal supplements

Progress to date

Under development

The *KidsFirst* Program focuses on three aspects of prenatal care – prenatal education, accessing prenatal health care and prenatal vitamins and supplements. Since the growth and development of children begins during gestation, appropriate prenatal care impacts physical and cognitive outcomes for the child. In the long-term, when mothers are supported to have a healthy pregnancy, their infants have a much greater chance of being born healthy and able to grow and learn. If women do not receive adequate care while pregnant, they may be at risk for pregnancy complications as well as negative birth outcomes such as stillbirths, low birth weight babies, and infant death.

The target population of the *KidsFirst* Program typically does not access adequate prenatal care. Prenatal care offered to *KidsFirst* clients can be provided in a culturally appropriate manner, overcoming some of the psychosocial and socioeconomic barriers (transportation, lack of information regarding program availability, fear of service providers, social stigmatization) to access the available services. Other factors that may influence this measure are the availability of services provided by agencies within the community (for example, Regional Health Authority, community based organizations, Canadian Prenatal Nutrition Program, and others).

OBJECTIVE 2 – Primary caregivers address their mental health and addictions issues

A child's health and well-being is impacted when his or her family is challenged by mental health and addictions issues. It is particularly important to address issues of alcohol and drug use by pregnant women because substances have a direct negative impact on the developing fetus. It is also important to engage postnatal families to address substance abuse and mental health issues in a holistic way. Postpartum depression is a common challenge among *KidsFirst* families and can impact on their ability to form secure parent-child attachments.

Key Actions for 2007-08

- Ensure pregnant women in the program have access to appropriate mental health and addiction services.
- Ensure access to mental health and addiction services as required by families.

What are we measuring?	**Progress to date**
Percentage of families within the *KidsFirst* Program who participate in mental health and addiction services	Under development

While it is possible that families would have accessed mental health supports, as well as substance abuse and addictions supports, it is reasonable to assume that *KidsFirst* supports are important in linking clients to these services through creative outreach. Typically, the families who participate in the program do not access traditional mental health and addictions services, and provision of these dedicated services provides timely and appropriate support. This is clearly seen in the under-representation of Aboriginal participants in traditional mental health and addictions services and the over-representation of Aboriginal participants in court-ordered mental health and addictions services.

The early years are not only important to language and cognitive development, but also to social and emotional development. The most important development in the very early years is the formation of emotional bonds and attachment to primary caregivers. There is a link between prenatal substance abuse by parents and the loss of ability to provide appropriate care for their children. Parents with mental health issues face different but equally significant challenges in providing consistent and appropriate care for their children. Engaging families in a support system that addresses issues of substance use and/or mental health is important to avoid negative impacts on fetal and child development, parent/child interactions and overall family functioning.

OBJECTIVE 3 *– Children maintain good physical health status or improved health status over time*

Child well-being and development studies demonstrate that children in lower socio-economic categories tend to be at greater risk of experiencing poorer health status than children in more favourable circumstances. Vulnerable families experience barriers to accessing preventative health practices. Barriers include low income, lack of child care for other children, and lack of transportation. As a result, they tend to wait until health problems are serious before seeking medical help. This may lead to complications such as increased infant hospitalizations, more severe illness, and higher use of emergency health services. Inadequate prenatal care, out-of-date child immunization schedules, and difficulty accessing professional early childhood development services like occupational therapy or speech language services also impact child development.

KidsFirst communities have examined these social determinants of health and work to remove barriers for families by providing transportation to immunization clinics and physician appointments, as well as providing child care services to enable parents to take their infants to medical check-ups. *KidsFirst* communities have also integrated primary health care education into their home visiting curriculum, to ensure that parents are aware of services available to them, and the value of these services to their child's health.

Key Actions for 2007-08

- Enable client families to access immunization for their children.
- Provide education regarding the benefits of consistent primary health care.

What are we measuring?	Progress to date
Percentage of families current with recommended immunization check-up schedule for their infant after admission into the *KidsFirst* Program	Under development

There are a number of barriers to achieving this objective that are beyond the scope of influence of the *KidsFirst* Program. Many *KidsFirst* communities experience high turnover of medical practitioners, disrupting access to services and requiring families to re-develop relationships with new professionals. In the north, many of the smaller communities do not have easily accessible and consistent health care providers.

KidsFirst counsels families on the importance of immunizations and regular preventive check-ups for their infants. The program may provide support services (child care, transportation and communication) to ensure families have access to these services. Public Health also encourages families to attend clinics and to seek regular medical check-ups.

GOAL 2

Children living in very vulnerable circumstances are supported and nurtured by healthy, well functioning families

OBJECTIVE 1 – *Social support networks, housing, food security, education, employment and income for families will improve over time*

This objective involves outcomes for the *KidsFirst* Program that relate to the overall well-being and functioning of families. There are a number of different factors influencing this outcome that are not within the scope of control of the *KidsFirst* Program. The home visiting component of the program, along with community partnerships, create the focus on opportunities and infrastructure that allow for linkages to programs and services outside of *KidsFirst* that support improvements to housing, food security, education, employment and income levels.

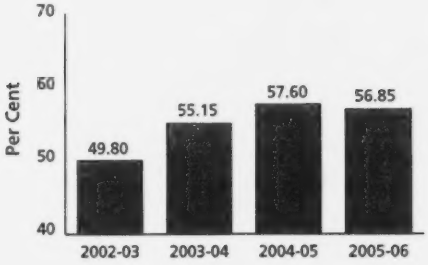
Key Actions for 2007-08

- Provide supports to families which promote development of social support networks.
- Assist families to access skills development, training and education resources, including family literacy programs.
- Broaden family access to healthy and stable food resources.
- Facilitate families' access to available benefit programs.

What are we measuring?

Percentage of *KidsFirst* families whose level of social support improves over time

Progress to date



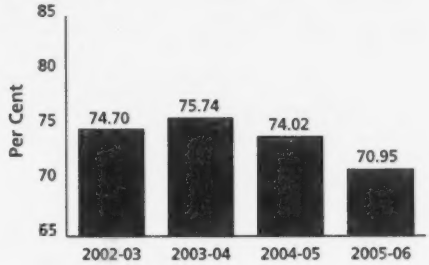
Social support does not mean socially funded programs, but rather it means having someone to turn to for advice, moral support and tangible assistance in order to increase a family's ability to be a strong nurturing unit. All families require assistance from a network of supporting friends, relatives and community organizations. Creating opportunities for *KidsFirst* families to build their own networks allows families to develop the skills and capacities necessary to make positive choices, parent successfully, achieve their goals and gain greater independence. Social isolation or weak social supports have been linked to depression, a sense of parental incompetence and frustration with the parenting role.

KidsFirst works to remove barriers for families to participate in social events by providing transportation and child care to many events, along with hosting events in neighbourhoods where *KidsFirst* families live. In an atmosphere that is welcoming and safe, *KidsFirst* families are provided a range of opportunities to build new connections and friendships, as well enhance skills to strengthen existing sources of support in their lives.

What are we measuring?

Families with adequate food security in the *KidsFirst* Program

Progress to date



Food security for a family means access by all members to enough food for an active, healthy life. Food security includes availability of nutritionally adequate and safe foods, and the ability to acquire food without resorting to emergency food supplies, scavenging, stealing, or other coping strategies. This access to adequate and safe food is a key foundation of the social determinants of health. Adequate nourishment and nutrition supports healthy brain development in young children. There is a direct relationship between family income and family food security. Families with the financial resources to avoid living in poverty have the means to obtain food and rarely suffer from chronic hunger; while poor families are most at-risk of experiencing chronic hunger. *KidsFirst* supports families to obtain and prepare appropriate foods, both directly and indirectly, through encouraging access to food banks, community kitchens, Good Food box programs, instruction in food preparation, budgeting and ensuring appropriate enrolment in income support from social service providers.

This measure is influenced by the level of support available within the community, the family's income level and other basic costs of living incurred by the family, such as housing and transportation.

What are we measuring?	**Progress to date**
Increased education, skills training and literacy	Under development
Increased employment status	Under development

Improved education levels, skills training and literacy improves a family's ability to live outside of poverty. Tracking improvements in the education levels of *KidsFirst* participants provides a proxy for anticipated improvements in family employment status and the ability to purchase the basics for life including safer and more adequate housing, transportation, nutritious food, child care, early learning and recreation opportunities. The program works to establish the conditions for families to build their skills and improve their income levels over time. *KidsFirst* works with families to achieve this goal by providing transportation, child care, support and mentoring.

OBJECTIVE 2 – Family interactions improve over time

Parents play a very important role in the development of their children. The way parents interact with their child – if they are warm and positive or harsh and angry – is an especially important factor in this development. Children who are nurtured by socially and emotionally healthy caregivers achieve greater levels of development. Many of the families in the target group are struggling with these issues because of challenges coping with stress and crises and/or because of a lack of positive role models during their own childhood. Despite their desire to be good caregivers, many of these families have not had the opportunity to learn the parenting skills to develop good relationships with their children. This can lead to poor parent child attachment, difficult child behaviours and poor emotional and social development of the child.

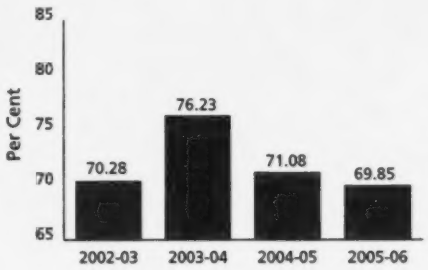
Key Actions for 2007-08

- Ensure access to existing community services targeted at development of stronger parenting skills.
- Refer families who identify violence as an issue to appropriate service providers.
- Ensure the program is compliant with The Provincial Child Abuse Protocol.

What are we measuring?

Percentage of *KidsFirst* families with realistic expectations of age-appropriate behaviour when exhibited by the child

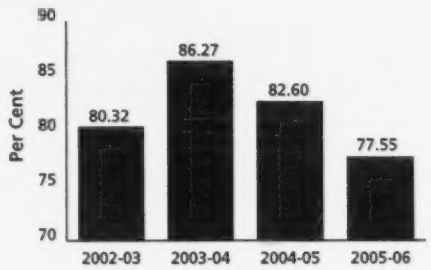
Progress to date



What are we measuring?

Percentage of *KidsFirst* families that exhibit and express positive acceptance of the child

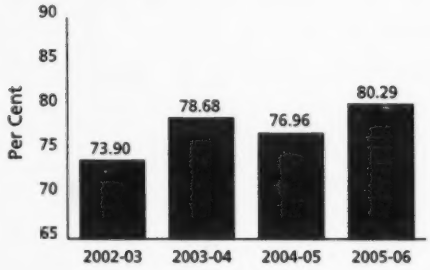
Progress to date



What are we measuring?

Percentage of *KidsFirst* families that have no impediments in order to be motivated and responsible for meeting the needs of the child

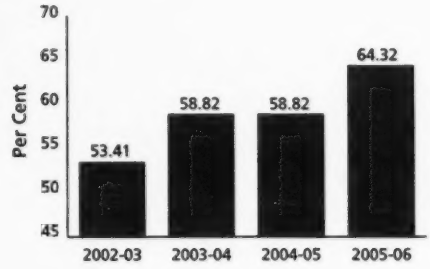
Progress to date



What are we measuring?

Percentage of *KidsFirst* families in which the adult caregivers provide appropriate amounts of emotional nurturance and support to the child and family members

Progress to date



Supportive parent-child relationships begin during infancy with the attachment process. *KidsFirst* home visitors support parents in their role by guiding parents to create strong attachments with their child, by holding, cuddling, playing with and being attentive to their infant and their cues. In this way, infants form secure attachments with their parents and this forms the foundation for positive social relationships in the future. *KidsFirst* home visitors provide parents with suggestions based on a consistent early childhood development curriculum that is used across the province.

As children grow from infanthood into toddlers, parents continue to provide emotional nurturance and support for their children. Home visitors work with parents to develop reasonable expectations about the abilities of their child and encourage parents to react in a developmentally-positive way that establishes consistency and clear boundaries.

This measure assumes that positive parenting practices can be measured from an outside perspective at a point in time. The behaviour of the caregiver may change with the presence of the assessor. There is no mechanism to determine if the behaviours displayed during the assessor's presence are consistent over time.

The existence of violence in the home is a serious concern that impacts many families, including families enrolled in *KidsFirst. KidsFirst* communities work to raise awareness, respond to and prevent violence so that children can live in safe and stable home environments. Unfortunately, referrals to appropriate service professionals occur far too often after violence has been endured for some time. Working with parents to identify appropriate discipline strategies and also to build strengths, self-esteem and to find a voice are important first steps in eliminating violence in homes.

OBJECTIVE 3 – Families develop and maintain a safe and secure home environment

Injuries are a significant cause of hospitalization of children. It is important for families to have access to information that aids them in increasing the safety of their homes for their children, in order to reduce injuries, hospitalization, house fires and chronic illnesses.

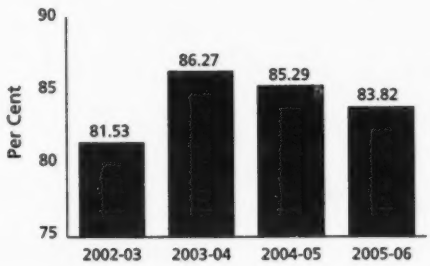
Key Actions for 2007-08

- Provide education related to housing and home safety.

What are we measuring?

Percentage of *KidsFirst* families who have taken action to improve the safety of the living conditions of their home

Progress to date



What are we measuring?

Percentage of *KidsFirst* families who have taken action to ensure they are living in suitable housing

Progress to date

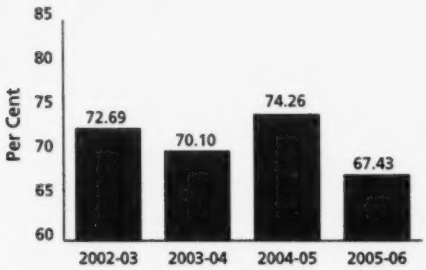
82%
[2004-05]

81%
[2005-06]

What are we measuring?

Percentage of *KidsFirst* families living in stable housing for the foreseeable future

Progress to date



Children thrive in environments that are safe, filled with positive stimuli and adequate space for play and learning. Engaging families in activities that will help address home safety and security issues is important in order to establish a home environment that is safe. Suitable, stable and adequate housing supports the social, emotional, cognitive and physical development of children and families.

KidsFirst communities work to ensure families are aware of preventable health and safety risks to their children. Education by home visitors provides guidance for change in areas such as: fire safety and working smoke detectors in the home, child proofing play areas and other living spaces, safe cribs, safe, properly installed car seats, instruction on basic first aid, and ways to avoid a child choking or swallowing small items.

Housing suitability information was initially collected in April 2005 to determine whether housing conditions are appropriate for family needs. Further investigation into the issue of housing adequacy, suitability and stability may be required in order to ensure data tells the full story experienced by *KidsFirst* families. Ongoing assessment questions and further evaluation of the housing questions posed to families may provide a more complete picture of housing circumstances among *KidsFirst* families.

GOAL 3

Children living in very vulnerable situations are supported to maximize their ability to learn, thrive and problem solve within their inherent capacity

***OBJECTIVE 1** – Support and nurture children's ability to learn*

Stimulating environments, play-based learning, as well as identifying and supporting *KidsFirst* children with special needs, promotes healthy cognitive development. Research shows *KidsFirst* communities achieve optimal results with their investments by integrating early learning, child care and parenting supports. For some families, structured care and learning environments outside the home complement their efforts to address social and economic challenges including getting a job, going to school or dealing with spousal abuse or depression. High quality early learning and child care settings also promote later success in kindergarten and school achievement.

Key Actions for 2007-08

- Track early learning activities and child progress.

What are we measuring?	Progress to date
Comparative rate of child development using the Ages and Stages Questionnaire (ASQ)	94% *[2005-06]*
Comparative rate of child development using the Ages and Stages Questionnaire: Social/Emotional (ASQ-SE)	81% *[2005-06]*

The neural pathways necessary in communication, using gross and fine motor skills, problem solving, regulating emotion and coping with challenges are established early in life. The development of core functions depends on positive interactions with primary caregivers. Typical development is optimized when windows of opportunity that allow humans to naturally obtain these skills are taken advantage of. Although there is a degree of natural resilience and ability for young children to "catch up" when these windows of opportunity are not optimized, some children do not develop at typical rates and may require more difficult and costly interventions to bring them into typical ranges of development.

The results of this indicator show that the majority of children within *KidsFirst* are developing at normally expected rates within areas of communication, gross and fine motor skills, problem solving abilities, personal-social skills, and emotion. The tools used to assess development, the Ages and Stages Questionnaires, are simply worded and based on reliable research. Children scoring outside of the normative range on the Ages and Stages Questionnaire are referred to available early childhood human service professionals. Communication and problem solving are the two areas where a majority of children scoring outside of the normative range do not meet typically expected development.

What are we measuring?	Progress to date
Percentage of families using the Growing Great Kids (GGK) Curriculum, ages zero to three	68% *[2005-06]*

The *KidsFirst* Program encourages families to enhance their parenting skills through a variety of mechanisms. The Growing Great Kids (GGK) curriculum shows parents ways of interacting with their children to support brain development and cognition, nurture the parent-child bond and help parents recognize their child's needs by identification of cues. All home visitors in the

KidsFirst Program are trained in the GGK curriculum as delivery of the curriculum is a mandatory component of the program. Home visitors guide parents through the curriculum and work together to create a developmentally stimulating and caring environment in the home. Additionally, partnerships with agencies, such as the Early Childhood Intervention Program (ECIP), provide specialized supports to *KidsFirst* families with developmentally challenged children.

The GGK curriculum is directed at children infant to age three. Families with children in that age range are actively working through the curriculum. *KidsFirst* home visitors are trained in the techniques and approaches of the GGK curriculum, and work to incorporate aspects of positive modelling to parents in their regular home visits. In this same way, while the primary goal of *KidsFirst* events may be on improving the social supports and networks of participants, elements of positive parent-child interactions, and using strength-based approaches to problem solve, are key to all events.

GOAL 4

Children living in very vulnerable situations are appropriately served by the KidsFirst Program and supports

***OBJECTIVE 1** – Establish and maintain shared accountability mechanisms for processes and outcomes*

Community partnerships have been the core of the development and implementation of *KidsFirst*. Leadership of the *KidsFirst* Program is shared by the Province and the communities receiving *KidsFirst* funding. These communities are accountable to Government for reporting on progress and expenditures for the program.

Implementation of the electronic data collection system will be complete in 2006-07, later than the original target of mid-2004. The system has enabled the development of baseline information and performance targets and will allow for future reporting. The data collected will provide information regarding the program impacts and enable the reporting on the outcome indicators identified in the strategic plan.

Key Actions for 2007-08

- Ensure long-term program sustainability of community *KidsFirst* annual plans.
- Prepare and publish reports to the public on investments and progress in accordance with provincial and federal requirements.

What are we measuring?	Progress to date
Monitor compliance of partnership agreements	Annual Progress Report
Continue to report publicly	New for 2007-08

Partnership agreements stipulate both *The Freedom of Information and Protection of Privacy Act* and *The Health Information Protection Act* must be adhered to. The partnership agreements also outline other requirements that must be followed in order to respect the privacy of *KidsFirst* families. This principle is central to each *KidsFirst* community and helps *KidsFirst* to operate in a challenging interdepartmental and inter-jurisdictional environment.

Public reporting through annual reports, strategic plans and performance plans help maintain shared accountability and transparency.

OBJECTIVE 2 – *Create and maintain a service system for early childhood development that uses a community development approach, is built on existing services, and is integrated, comprehensive, innovative, flexible and inclusive*

Home visiting programs are based on the strategy that a knowledgeable resource can connect vulnerable clients with community services appropriately, consistently, and in a timely fashion. Success is in part a function of program delivery in the home. Success is also a result of the integration of the *KidsFirst* Program into the community. This objective intends to capture the different dimensions of successful integration.

Key Actions for 2007-08

- Ensure maintenance of appropriate representation on the local management committees, with particular emphasis on Aboriginal representation.
- Continue building partnerships at the community level to effectively provide supports to *KidsFirst* families.
- Continue work at the interdepartmental level for integration of complementary programs that support children and families.

What are we measuring?	Progress to date
Under development	Under development

The *KidsFirst* Program has focused on achieving sustainability by building on existing resources, organizations and structures already in existence prior to the introduction of the program. This has allowed *KidsFirst* to maximize investments into direct programming to families. Particularly, First Nations and Métis service provider agencies are an important partner at the community

level as the majority of the *KidsFirst* families are Aboriginal. Working with both on- and off-reserve First Nations agencies, the Targeted and Regional *KidsFirst* programs partner with Aboriginal service agencies to ensure that the families participate in services that are culturally appropriate. It has also allowed *KidsFirst* to benefit from the experience and expertise within the community, in a culturally affirming manner, and to build on networks already working in the area of early childhood development.

KidsFirst has provided a unique perspective into interdepartmental work and how families experience service provision. This information has been useful in guiding change, creating seamless services, and reducing systemic barriers to access. Since *KidsFirst* operates from an intersectoral model, it provides a valuable forum for partners to come together and collectively address issues and solve problems.

OBJECTIVE 3 – Identify appropriate families in a timely manner and retain them in the program

Because the *KidsFirst* Program is targeted to families in very vulnerable circumstances, it is important that there are processes in place that engage these families. This segment of the population is traditionally difficult to contact, transient, experiences multiple barriers to accessing services, and can be wary of involvement with service providers. Processes for the determination of eligibility are effective in selecting appropriate families. The use of 'appropriate' in this objective statement refers to selecting the most vulnerable families for whom the program was intended.

Key Actions for 2007-08

- Strive towards the universality of questionnaire completion for babies at birth that are born in Saskatchewan.
- Provide appropriate training for personnel within targeted community hospitals.

What are we measuring?	**Progress to date**
The rate of in-hospital screens per hospital live births in Saskatchewan	64% *[2004-05]* 64% *[2005-06]*

The in-hospital birth questionnaire is a first step in identifying families eligible for the *KidsFirst* Program. It is also a valuable planning tool for communities and provincially. The questionnaire provides valuable data regarding health and socioeconomic risk factors present in a family, at the birth of a child, which may result in less than favourable child development. The questions

equip service providers with information to link families to available early childhood development services when they return home from the hospital. Success in this part of the *KidsFirst* Program is dependent upon strong relationships with the province's regional health authorities and staff in hospitals to conduct the questionnaires and track information.

What are we measuring?	**Progress to date**
The percentage of families that achieve an adequate level of self-sufficiency, resiliency or stability in order to leave the program	Under development

Families establish goals related to the *KidsFirst* Program objectives. Accomplishing these goals is personalized to each family within the program. The ultimate goal of the *KidsFirst* Program is to enable families to achieve a level of positive family functioning that optimizes their ability to nurture their children in the context of the family.

The ability of each family to achieve self-sufficiency is contingent upon many programs, services and influences outside the control of *KidsFirst*, including the motivation of the family to achieve the goals it has set out.

OBJECTIVE 4 – Families are satisfied with KidsFirst services

Measuring satisfaction with the services provided is important to ensuring that programs offered are relevant to and meaningful for the participants. Several *KidsFirst* communities have undertaken client satisfaction surveys in order to implement improvements on a local basis. Some of the communities have also moved to evaluation of various aspects of the program. The provincial component of parent satisfaction will be implemented in collaboration with the nine communities in the future.

Key Actions for 2007-08

- Implement a parent satisfaction survey for all *KidsFirst* targeted communities.

What are we measuring?	**Progress to date**
The level of parental satisfaction with *KidsFirst* services	93% *[2005-06]*

In 2005-06, four communities, Yorkton, Regina, North Battleford and Prince Albert completed provincial parent satisfaction surveys. These results show that the overwhelming majority of parents enrolled in the *KidsFirst* Program are satisfied or very satisfied with the services they are receiving from the program.

There is a balance between effectiveness and popularity/good feelings. The degree of satisfaction in one area of a family can be influenced by perceptions that program participants may have on other related or unrelated aspects of their life experiences. The perception of families regarding the adequacy of support received can be affected by their preconceptions regarding their expectations of the programs.

For More Information

If you would like to obtain further information, ask questions or provide comments on this plan, please contact:

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